ATTACHMENT 1 of 2

FILED

08 JUL 29 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P00000055886

1. Entity Name

E & R DIAGNOSTICS Center, INC

Principal Place of Business | Mailing Address

REINSTATEMENT 03-08 KS

01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1490 W 49 PL		1490 W 49 PL	
Suite, Apt. #, etc. 216		Suite, Apt. #, etc. 216	
City & State Hialeah, Fl		City & State Hialeah, Fl	
Zip 33012	Country US	Zip 33012	Country US

4. FEI Number 38-3722340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Nelson Poll

Street Address (P.O. Box Number is Not Acceptable)

9704 SW 213 Terr

City Miami, FL Zip Code 33189

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Nelson Poll 07/07/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P/S NAME Poll, Nelson STREET ADDRESS 9704 SW 213 Terr CITY-ST-ZIP Miami, Fl 33189	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Nelson Poll 7/07/08 305-342-1494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

ATTACHMENT 2 of 2

E & R DIAGNOSTICS CENTER, IN
1490 W 49 PL
SUITE 216
HIALEAH, FL 33012

July 07, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice Reminding me of the Uniform Business Report of my company E & R Diagnostics, Inc with Document # P00000055886. Along with this Business report for the years of 2003, 2004, 2005,2006,2007,2008.

If you need further assistance please feel free to contact us. Thank you In advance for your help.

Sincerely,

Nelson Poll